

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>5 081-1096</i>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2	/						52						
3		/					53						
4	/						54						
5		/					55						
6	/						56						
7	/						57						
8	/						58						
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15		/					65						
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31		/					81						
32		/					82						
33	/						83						
34	/						84						
35		2					85						
36	/						86						
37		/					87						
38	/						88						
39		/					89						
40		/					90						
41		/					91						
42		/					92						
43		/					93						
44		/					94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	16						TOTAL IND.						
TOTAL DEP.	29						TOTAL DEP.						
TOTAL CLAIMS	45						TOTAL CLAIMS						